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A Wounded Warrior and His Platoon Commander Give Their Take on Integration

Filed under UNCATEGORIZED

{ 3 COMMENTS }



Cpl. Tyler Southern

By Cpl. Tyler Southern and Capt. Aloysius Boyle, Company Commander, WRAMC

At the turn of the 19th century, Army Maj. Walter Reed’s innovative research on yellow fever was instrumental in combating disease, enabling men to get back to work on the Panama Canal, and ultimately setting the conditions for a successful economy. His legacy in aiding this mission left a historic mark on military medicine. It is only fitting that a century later our severely wounded are relearning life skills at the future Walter Reed National Military Medical Center (WRNMMC) to ensure they have the opportunity to get back to work and make a positive impact on society. It is there our young leaders will again learn to take their first steps on the road to their new life.

Base Realignment and Closure, or BRAC, has become a sound bite heard on radio waves, a term mentioned on news channels, and read in local papers. It was a plan announced in 2005 to down-size and consolidate military installations across the country. Since its announcement, National Naval Medical Center in Bethesda, Md. has prepared for its historic integration with its counterpart, Walter Reed Army Medical Center, located four miles away in Northwest Washington. In the D.C. metropolitan area, implementation of this plan has evolved, affecting hundreds of thousands of people due to the enormity and complexity of merging infrastructure, staff, and best practices. Some first reactions to the word BRAC are frustrations over longer commutes on highways, more crowded metros, and inconvenient parking. These are viable concerns, but so are the sacrifices of the men and women who are recovering at these hospitals. Many, through no fault of their own, are not considering the *positive* impacts on the lives of those moving to the new WRNMMC at Bethesda.

“BRAC” meant nothing to me when it was first announced in 2005. Then, I was going into my junior year in high school; hanging out with friends on the beach in Jacksonville Fla., and participating in the Junior ROTC unit. Like many in the D.C. area, I am from a military family, but wanted to forge my own path. I joined the Marines; reporting to boot camp the Monday after I graduated high school. Eighteen months after high school I was serving in

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Iraq. Three years after graduation I was fighting in Afghanistan.

In May 2010, life changed when I led my Marines on an intelligence-based raid. While conducting this mission and leading my Marines, I stepped on an improvised explosive device (IED). Almost two weeks later, I woke up in Bethesda missing both legs above the knee, one arm above the elbow, and had severe damage to my other arm and hand.

These days, the details concerning this integration could not hold greater significance to me, my wife Ashley, and the multitude of wounded Soldiers, Sailors, Airmen, Marines, and their families. To me and many others, the new WRNMMC is more than the merging of two military flagship medical centers; it's a convergence of two formative periods of our lives. At Bethesda, medical professionals and staff fought *for* us to live and at Walter Reed they taught us *how* to live.

I am not alone. There are many severely wounded across our military services, who are anxiously awaiting movement to the joint medical center. Bringing together both the Army and Navy's medical systems is akin to reuniting family. For the first time since the beginning of the wars in Iraq and Afghanistan, acute military medical care will be collocated to best support our returning wounded. This synergy and unity of effort is entirely fitting. While in combat, and under duress, we rely on each other for support. Once wounded, men and women in theater are receiving life saving aid on the battlefield and throughout their trip home. It only makes sense that we continue to fortify this strong relationship in our warrior care and aid their recovery, rehabilitation, and reintegration. This joint effort in military health systems is, in itself, progress that supports the military mission. This enterprise will intertwine all services' knowledge of combat medical care and compile their innovative research, experience and technology, as well as the collocating of numerous non-profit organizations, civilian contractors, staff, and volunteers who support our wounded, ill and injured heroes.

The commitment to excellence in service for our most severely wounded has not spared a single detail. The world-class facilities are already operational and caring for amputees including spacious new living accommodations for our wounded and their families. The newly integrated facility has enhanced apartment-style spaces for wounded warriors that come fully furnished, equipped with kitchens and all amenities, televisions, computers, printers, as well as washer and dryer units. Additionally, innovative construction processes for the new inpatient and outpatient buildings are already supporting our men and women in uniform. The area devoted to physical and occupational therapy houses a rock wall, indoor track, and myriad fitness machines to help us regain strength, dexterity, and balance. Furthermore, the building contains an indoor pool for acuatics training for amputees. What won't be changing are the familiar faces of the leaders who care for the critically wounded during the healing process and assist them back into service or the civilian world.

For Ashley and I, this will be the first time as husband and wife that we will have access to these types of accommodations. This is not just a quality of life issue, but also gives our wounded Marines, Soldiers, Sailors, and Airmen, like me, practical application of the skills they are learning in occupational and physical therapy by learning how to live in an apartment setting. Building these skills in this environment will reinforce the efforts of the hospital staff.

A century after Maj. Walter Reed made his medical discoveries thereby supporting the construction of the Panama Canal, our young men and women are relearning skills to ensure they have the opportunity to get back to work. Walter Reed National Military Medical Center will proudly carry on the ethos that Reed lived by. The hallowed halls of our veterans from yesteryear would be proud to see his heritage tied to this mission as it has been so linked for the past 102 years at the Medical Center in D.C. Due to his efforts, Reed enabled so many brave Americans to recover from diseases and begin working again. At the new Walter Reed

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National Military Medical Center in Bethesda, his legacy continues as we work together to provide world-class care for our returning warriors in order to get them back in the fight.

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he web site was how do i say it... relevant, finally something that helped me. Many thanks

Wrefrothe
Food pyramid highlights balance, variety and moderation with which it is necessary that certain foods to be eaten, focusing on the consumption of cereals, vegetables and fruit. They are the foundation of balanced nutrition, “basis” for adequate nutrition. A food pyramid is a triangular or pyramid-shaped nutrition guide divided into sections to show the recommended intake for each food group. The first food pyramid was published in Sweden in 1974.]]] The most widely known food pyramid was introduced by the United States Department of Agriculture in 1992, was updated in 2005, and then replaced in 2011. Over 25 other countries and organizations have also published food pyramids. The next step in food pyramid, is placed high protein foods (milk, cheese, fish, meat or meat products with a low fat content), white meats are recommended in preference to the red. Top of the pyramid is occupied by fat and sugary food pyramid, with the recommendation that they are rarely eaten in small quantities. If people can not eat a certain group (vegetarians), they must ensure that their part of the same nutrients, but other products (fruit juice with calcium, calcium provided cereals fortified with calcium, iron, spinach, beans, lentils, peas).